

**SAVANNAH STATE UNIVERSITY
OMBUDSMAN**

Intake Form

Date:

Nature of Grievance:

(Please Complete)

Name:

Phone:

Daytime no or phone you prefer to be contacted on)

Email :

Student ID#:

(Please do not list your SOCIAL)

Classification: FR SO JR SR

Major:

Advisor:

(If Applicable)

I am having difficulty with (CHECK ALL THAT APPLY):

- | | | | | |
|--|---|---|--|--------------------------------------|
| <input type="checkbox"/> Comptroller | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Student Organization | <input type="checkbox"/> Academic | <input type="checkbox"/> Graduation |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Grade Dispute | <input type="checkbox"/> Books | <input type="checkbox"/> Advisor | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Bursar | <input type="checkbox"/> Schedule Issue | <input type="checkbox"/> Work Study | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Housing | <input type="checkbox"/> Faculty | <input type="checkbox"/> Fiscal | |

Have you attempted to address your concern in the department or office where you are having difficulty? YES NO

Have you exhausted the chain of command? YES NO

How were you referred to the Ombudsman Office for assistance?

How did you find out about the Ombudsman Service?

NOTICE! The office of the Ombudsman is a confidential independent resource authorized to informally address student concerns from a neutral position, ultimately Facilitating the process of conflict resolution.

In the space provided below, briefly describe the nature of your visit. Please include as much detailed information as possible regarding your situation (i.e. names, dates, paper documents, etc.).

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of their visit. The box occupies most of the page below the instruction.

The Office of the Ombudsman provides confidential, impartial, independent and informal assistance to students in addressing both academic and non-academic concerns at the University level that established processes and procedures have not resolved.

CONFIDENTIALITY: All interactions with the Ombudsman are strictly confidential except cases where there is consent by complainant; imminent harm to the complainant, others or University; or a legal concern.

IMPARTIALALITY: The Ombudsman does not operate as an advocate for individuals or the University, but as an advocate for fairness of outcomes. This office considers all sides of a concern in an impartial and objective manner.

INDEPENDENCE: The Ombudsman is an independent entity and reports directly to the Provost of Academic Affairs.

INFORMALITY: The Ombudsman works informally to achieve fair and equitable solutions to concerns.

The Ombudsman can:

- Answer question.
- Help analyze your situation.
- Help develop options for addressing your concerns.
- Identify and explain relevant University policies and procedures.
- Listen carefully to your concerns and complaints.
- Refer you to appropriate persons and arrange meetings.
- Recommend changes in procedures or policies to University officials.

The Ombudsman cannot:

- Advocate for specific concerns.
- Direct any University office to change a decision.
- Make binding or administrative decisions.
- Make decisions for you.
- Make, change or set aside policy, procedures, rules or regulations.
- Provide legal advice or represent you in a legal manner.
- Replace or circumvent existing channels.

The University is committed to providing the best possible environment for all of its students, faculty and staff. We want to assure that all constituents of the University are served well in all situations.

*****PLEASE note that because of the confidential and informal nature of the Office of the Ombudsman, it is not considered an "office of notice" to the University. To give notice to the University, an individual will have to go to the appropriate office or personnel. *****

I, , read and understand the above information.

Signature:

Date: